

MOR-1

CASE NAME: Saldívar Home Health, Inc.
CASE NUMBER: 16-52586
PROPOSED PLAN DATE: 11/30/2016

UNITED STATES BANKRUPTCY COURT

PETITION DATE: 11/16/2016
DISTRICT OF TEXAS: _____
DIVISION: _____

MONTHLY OPERATING REPORT SUMMARY FOR MONTH

November

2016 YEAR

MONTH	November				2016
REVENUES (MOR-6)	152,012.00	0.00	0.00	0.00	1,846,057.00
INCOME BEFORE INT; DEPREC./TAX (MOR-6)	-59,967.00	0.00	0.00	0.00	-656,872.00
NET INCOME (LOSS) (MOR-6)	-59,967.00	0.00	0.00	0.00	-656,872.00
PAYMENTS TO INSIDERS (MOR-9)	7,659.00	0.00	0.00	0.00	84,246.00
PAYMENTS TO PROFESSIONALS (MOR-9)	0.00	0.00	0.00	0.00	0.00
TOTAL DISBURSEMENTS (MOR-7)	211,979.00	0.00	0.00	0.00	2,502,929.00

The original of this document must be filed with the United States Bankruptcy Court and a copy must be sent to the United States Trustee

REQUIRED INSURANCE MAINTAINED AS OF SIGNATURE DATE		EXP. DATE
CASUALTY	YES () NO ()	4/27/2017
LIABILITY	YES () NO ()	4/27/2017
VEHICLE	YES () NO ()	8/22/2017
WORKER'S	YES () / NO X	---
OTHER	YES () / NO X	---

CIRCLE ONE

Yes No

Yes No

Yes No

Are all accounts receivable being collected within terms?

Are all post-petition liabilities, including taxes, being paid within terms?

Have any pre-petition liabilities been paid?

If so, describe

Are all funds received being deposited into DIP bank accounts?

Were any assets disposed of outside the normal course of business?

If so, describe

Are all U.S. Trustee Quarterly Fee Payments current?

What is the status of your Plan of Reorganization?

ATTORNEY NAME: _____

FIRM NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE/FAX: _____

I certify under penalty of perjury that the following complete Monthly Operating Report (MOR), consisting of MOR-1 through MOR-9 plus attachments, is true and correct.

SIGNED X [Signature] TITLE: CEO

(ORIGINAL SIGNATURE)

DAVID P. SALDIVAR DATE 11/15/2017

(PRINT NAME OF SIGNATORY)

Revised 07/01/88

MOR-1

CASE NAME: Saldivar Home Health, Inc.
CASE NUMBER: 16-52586

COMPARATIVE BALANCE SHEETS

ASSETS	FILING DATE*	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
	11/11/2016 0:00	11/30/2016 0:00					
CURRENT ASSETS							
Cash		75,079.00					
Accounts Receivable, Net		125.00					
Inventory: Lower of Cost or Market		0.00					
Prepaid Expenses		0.00					
Investments		0.00					
Other		0.00					
TOTAL CURRENT ASSETS	0.00	75,204.00	0.00	0.00	0.00	0.00	0.00
PROPERTY, PLANT & EQUIP. @ COST		704,725.00					
Less Accumulated Depreciation		631,879.00					
NET BOOK VALUE OF PP & E	0.00	72,846.00	0.00	0.00	0.00	0.00	0.00
OTHER ASSETS							
1. Tax Deposits							
2. Investments in Subsidiaries							
3. Electric Deposit							
4.							
TOTAL ASSETS	\$0.00	\$148,050.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Per Schedules and Statement of Affairs

MOR-2

Revised 07/01/98

CASE NAME: Saldivar Home Health, Inc.
CASE NUMBER: 16-52586

COMPARATIVE BALANCE SHEETS

LIABILITIES & OWNER'S EQUITY	FILING DATE*	MONTH 11/30/2016 0:00	MONTH 11/16/2016 0:00	MONTH	MONTH	MONTH	MONTH	MONTH
LIABILITIES								
POST-PETITION LIABILITIES(MOR-4)			3,119,536.41					
PRE-PETITION LIABILITIES								
Notes Payable - Secured			14,149.38					
Priority Debt								
Federal Income Tax			285,916.00					
FICA/Withholding								
Unsecured Debt								
Other								
TOTAL PRE-PETITION LIABILITIES	0.00	300,065.38	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL LIABILITIES	0.00	3,419,601.79	0.00	0.00	0.00	0.00	0.00	0.00
OWNER'S EQUITY (DEFICIT)								
PREFERRED STOCK								
COMMON STOCK		1,000.00						
ADDITIONAL PAID-IN CAPITAL								
RETAINED EARNINGS: Filing Date		-234,135.00						
RETAINED EARNINGS: Post Filing Date		-234,135.00	-59,967.00	-59,967.00	-59,967.00	-59,967.00	-59,967.00	-59,967.00
TOTAL OWNERS EQUITY (NET WORTH)	0.00	-467,270.00	-59,967.00	-59,967.00	-59,967.00	-59,967.00	-59,967.00	-59,967.00
TOTAL								
LIABILITIES & OWNERS EQUITY								
	\$0.00	\$2,952,331.79	(\$59,967.00)	(\$59,967.00)	(\$59,967.00)	(\$59,967.00)	(\$59,967.00)	(\$59,967.00)

* Per Schedules and Statement of Affairs

MOR-3

Revised 07/01/98

CASE NAME: Saldívar Home Health, Inc.
CASE NUMBER: 16-52586

SCHEDULE OF POST-PETITION LIABILITIES

	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
	11/30/2016						
TRADE ACCOUNTS PAYABLE	3,119,536.41						
TAX PAYABLE							
Federal Payroll Taxes	285,916.00						
State Payroll Taxes							
Ad Valorem Taxes							
Other Taxes							
TOTAL TAXES PAYABLE	285,916.00	0.00	0.00	0.00	0.00	0.00	0.00
SECURED DEBT POST-PETITION	14,149.38						
ACCRUED INTEREST PAYABLE							
ACCRUED PROFESSIONAL FEES*							
OTHER ACCRUED LIABILITIES							
1.							
2.							
3.							
TOTAL POST-PETITION LIABILITIES (MOR-3)	\$3,419,601.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Payment requires Court Approval

MOR-4

Revised 07/01/98

CASE NAME: Saldivar Home Health, Inc.
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AGING OF POST-PETITION LIABILITIES
MONTH 11/30/2016

DAYS	TOTAL	TRADE ACCOUNTS	FEDERAL TAXES	STATE TAXES	AD VALOREM, OTHER TAXES	OTHER
0-30	0.00					
31-60	0.00					
61-90	0.00					
91+	3,405,452.41	3,119,536.41	285,916.00			
TOTAL	\$3,405,452.41	\$3,119,536.41	\$285,916.00	\$0.00	\$0.00	\$0.00

AGING OF ACCOUNTS RECEIVABLE

MONTH	11/30/2016					
0-30 DAYS	141,095.15					
31-60 DAYS	52,476.67					
61-90 DAYS	19,632.49					
91- DAYS	12,053.80					
TOTAL	\$225,258.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

MOR-5

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CASE NAME: Saldívar Home Health, Inc.
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STATEMENT OF INCOME (LOSS)

	MONTH 11/30/2016	MONTH	MONTH	MONTH	MONTH	MONTH	FILING TO DATE
REVENUES (MOR-1)	152,012.00						152,012.00
TOTAL COST OF REVENUES	90,626.00						90,626.00
GROSS PROFIT	61,386.00	0.00	0.00	0.00	0.00	0.00	61,386.00
OPERATING EXPENSES:							
Selling & Marketing							0.00
General & Administrative							0.00
Insiders Compensation	8,082.00						8,082.00
Professional Fees							0.00
Other	113,271.00						113,271.00
Other							0.00
TOTAL OPERATING EXPENSES	121,353.00	0.00	0.00	0.00	0.00	0.00	121,353.00
INCOME BEFORE INT. DEPR/TAX (MOR-1)	-59,967.00	0.00	0.00	0.00	0.00	0.00	-59,967.00
INTEREST EXPENSE							0.00
DEPRECIATION							0.00
OTHER (INCOME) EXPENSE*							0.00
OTHER ITEMS**							0.00
TOTAL INT. DEPR & OTHER ITEMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCOME BEFORE TAXES	-59,967.00	0.00	0.00	0.00	0.00	0.00	-59,967.00
FEDERAL INCOME TAXES							0.00
NET INCOME (LOSS) (MOR-1)	(\$59,967.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$59,967.00)

Accrual Accounting Required. Otherwise Footnote with Explanation.

* Footnote Mandatory.

** Unusual and/or infrequent item(s) outside the ordinary course of business requires footnote.

MOR-6

Revised 07/01/98

CASE NAME: Saldivar Home Health, Inc.
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CASH RECEIPTS AND DISBURSEMENTS	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	FILING TO DATE
1. CASH-BEGINNING OF MONTH	\$63,829.00	Nov-16	\$75,079.00	\$75,079.00	\$75,079.00	\$75,079.00	\$75,079.00	\$75,079.00	\$63,829.00
RECEIPTS:									
2. CASH SALES									0.00
3. COLLECTION OF ACCOUNTS RECEIVABLE									0.00
4. LOANS & ADVANCES (attach list)									0.00
5. SALE OF ASSETS									0.00
6. OTHER (attach list)									0.00
TOTAL RECEIPTS**	190,647.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Withdrawal) Contribution by Individual Debtor MFR-2*									0.00
DISBURSEMENTS:									
7. NET PAYROLL	115,765.00								115,765.00
8. PAYROLL TAXES PAID	0.00								0.00
9. SALES, USE & OTHER TAXES PAID									0.00
10. SECURED/RENTAL/LEASES									0.00
11. UTILITIES & TELEPHONE									0.00
12. INSURANCE									0.00
13. INVENTORY PURCHASES									0.00
14. VEHICLE EXPENSES									0.00
15. TRAVEL & ENTERTAINMENT									0.00
16. REPAIRS, MAINTENANCE & SUPPLIES									0.00
17. ADMINISTRATIVE & SELLING									0.00
18. OTHER (attach list)	63,633.00								63,633.00
TOTAL DISBURSEMENTS FROM OPERATIONS	179,398.00		0.00	0.00	0.00	0.00	0.00	0.00	179,398.00
19. PROFESSIONAL FEES									0.00
20. U.S. TRUSTEE FEES									0.00
21. OTHER REORGANIZATION EXPENSES (attach list)									0.00
TOTAL DISBURSEMENTS**	179,398.00		0.00	0.00	0.00	0.00	0.00	0.00	179,398.00
22. NET CASH FLOW	11,250.00		0.00	0.00	0.00	0.00	0.00	0.00	-179,398.00
23. CASH - END OF MONTH (MOR-2)	\$75,079.00		\$75,079.00	\$75,079.00	\$75,079.00	\$75,079.00	\$75,079.00	\$75,079.00	(\$115,569.00)

* Applies to Individual debtors only

**Numbers for the current month should balance (match)

RECEIPTS and CHECKS/OTHER DISBURSEMENTS lines on MOR-8

MOR-7

Revised 07/01/98

CASE NAME: Saldívar Home Health, Inc.
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CASH ACCOUNT RECONCILIATION
MONTH OF 11/30/2016

BANK NAME	Texas Champion Bank	#	PAYROLL	#	TAX	OTHER FUNDS	TOTAL
ACCOUNT NUMBER	# 101027006						
ACCOUNT TYPE	OPERATING						
BANK BALANCE	75,078.73						\$75,078.73
DEPOSITS IN TRANSIT	30,850.01						\$30,850.01
OUTSTANDING CHECKS	-118,238.41						(\$118,238.41)
ADJUSTED BANK BALANCE	(\$12,309.67)		\$0.00		\$0.00		(\$12,309.67)
BEGINNING CASH - PER BOOKS	11,249.25						\$11,249.25
RECEIPTS*	190,647.00						\$190,647.00
TRANSFERS BETWEEN ACCOUNTS							\$0.00
(WITHDRAWAL) OR CONTRIBUTION BY							
INDIVIDUAL DEBTOR MFR-2							\$0.00
CHECKS/OTHER DISBURSEMENTS*	179,398.00						\$179,398.00
ENDING CASH - PER BOOKS	\$22,498.25		\$0.00		\$0.00	\$0.00	\$22,498.25

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*Numbers should balance (match) TOTAL RECEIPTS and
TOTAL DISBURSEMENTS lines on MOR-7

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PAYMENTS TO INSIDERS AND PROFESSIONALS

Of the total disbursements shown for the month, list the amount paid to insiders (as defined in Section 101(31)(A)-(F) of the U.S. Bankruptcy Code) and the professionals. Also, for insiders, identify the type of compensation paid (e.g., salary, commission, bonus, etc.) (Attach additional pages as necessary).

INSIDERS: NAME/COMP TYPE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
1. Margot Saldivar	11/30/2016					
2. Robert Saldivar	7,454.00					
3.	8,708.00					
4.						
5.						
6.						
TOTAL INSIDERS (MOR-1)	\$16,162.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PROFESSIONALS	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
1.						
2.						
3.						
4.						
5.						
6.						
TOTAL PROFESSIONALS (MOR-1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

MOR-9

Revised 07/01/98